

**PATIENT**

Hank Matthews

**SPECIES**

Feline

**BREED**

DSH

**SEX**

Male Neutered

**AGE**

10 years

**WEIGHT**

9.2lbs

**INTERPRETED BY**

Maggie Machen Lamy,  
DVM, DACVIM  
(Cardiology)

**IMAGING PERFORMED BY**

Kelly Vazquez, CVT

**HOSPITAL NAME**

The Venturing Vet

**REFERRING VET**

Dr. Herzog

**INVOICE**

20401

**DATE**

8/6/21

**PRESENTING CLINICAL SIGNS**

History: Recheck echo.

-Current medications: Lasix 12.5mgs 1/2 tab PO SID, Pimobendan 1.25mgs 1/2 BID, Clopidogrel, trazadone, gabapentin.

-Pertinent previous echo findings (12/2020 MML): Intermittent SVT, FS: 31%. LV: 1.6, LA: 2.3, LA/AO: 2.5. Suspect UCM/SVT.

**ECHOCARDIOGRAM FINDINGS**

2D, m-mode, color flow and doppler imaging is available. The left ventricular wall is normal in dimension. There is a diffusely hyperechoic endocardium consistent with fibrosis. The papillary muscles are remodeled. Decreased systolic function. The left atrium and auricle are severely dilated and bulbous in appearance. There is mild smoke seen. The right atrium is mildly dilated. The right ventricle appears mildly dilated. The mitral valve is normal in structure and mobility. Mild eccentric MR. Mild TR; normal velocity. Blood flow through both the LVOT and RVOT is low normal in velocity. No pericardial effusion seen. No pleural effusion seen. No obvious cardiac tumors.

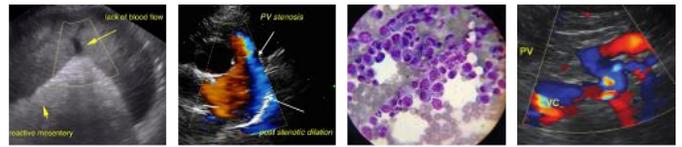
**CARDIAC CHART**

FELINE CARDIAC PARAMETERS	BODY WEIGHT (kg)	HR (BPM)	IVSd (cm) (Moise, Pipers)	LVIDd (cm) (Moise, Pipers)	LVWd (cm) (Moise, Pipers)	FS (%)	EF (%)
NORMAL PARAMETER	-----	150-240	0.35-0.55	<2 (mean 1.5)	3.5-0.55	35-67	80-100
PATIENT	4.2	168	0.51	1.7	0.51	31	62
FELINE CARDIAC PARAMETERS	LA/AO (Boon)	LA/AO HEART BASE (Swe) (Abbott)	LA 2D short axis Base view (cm) (Abbott)	LVOT VEL (m/s)	RVOT VEL (m/s)	E max (m/s)	
NORMAL	<1.5	<1.3	<1.2	<1.6	<1.3	<0.9	
PATIENT	2.5	2.6	2.2	0.82	1.1	NM	
<p><i>*Note: All measurements based upon multi-modal images and methods. An average value is reported.</i></p> <p>Adapted from June Boon, Veterinary Echocardiography, 1998 Abbott J &amp; MacLean H JVIM 2006;20: 111-119, Moise et al. Am J Vet Res 47:1476, 1986. Pipers et al. Am J Vet Res 40:882, 1979.</p>							

**INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS**

Severe yet stable structural disease persists. Compared to the previous study, there is minimal change with persistent systolic dysfunction and marked left atrial enlargement. The right heart remains mildly affected. No additional issues are noted.

Compared to the prior study, the rapid heart rate appears at least improved if not resolved. A recheck ECG is strongly recommended given that the patient is not on rate control therapy. Even with apparently stable disease, the prognosis remains guarded to poor long-term. with a mean survival time of <6 months, That being said, it is encouraging that no clinical issues are



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reported, and the patient appears to be taking medications well at home. Lasix is best utilized twice daily; however, the remainder of the medications remain unchanged. There will always remain risk for recurrent CHF, development of blood clots, and/or malignant arrhythmias/sudden death in the future. Monitoring of sleeping breathing rates at home is recommended as the best way to screen for recurrent/impending CHF at home.

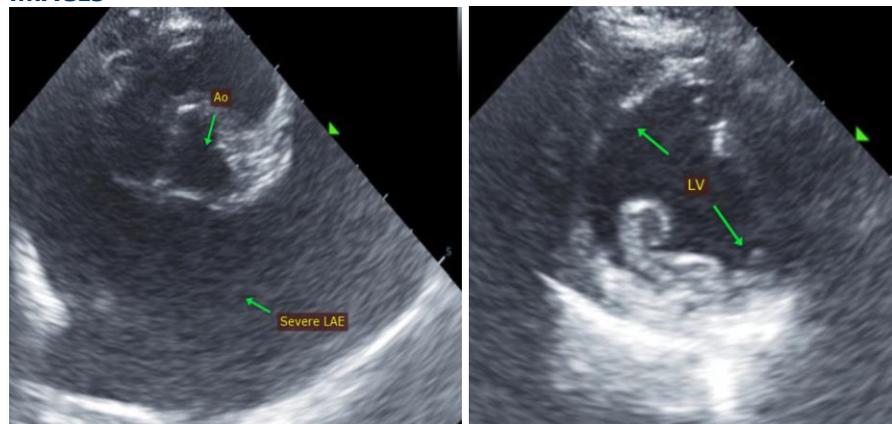
**PLAN**

Increase Lasix to 6.25mg PO q12h. Continue Pimobendan and Plavix as prescribed.

Monitor renal values and BP every 6 months life-long.

A recheck echocardiogram and ECG are recommended every 6 months to assess progression, sooner if issues arise in the interim.

**IMAGES**



**The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.**

Thank you for this referral. This report was generated using transcription software, and minor dictation errors may be present. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance, please contact me.

**Maggie Machen Lamy, DVM**

**Diplomate of the American College of Veterinary Internal Medicine (Cardiology)**

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